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| TABLE CHANGE REQUEST FORM |
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TO: Revenue Bureau
Office of the Comptroller
One Ashburton Place, 9th Floor
Boston, Massachusetts 02108

DATE: _____

FROM:

Name: _____

Position: _____

Dept/Organization: _____

Phone: _____

Fax #: _____

Table to be Updated:

| |
|--|
| |
|--|

Type of Update Requested: (Check One)

☐

Addition

☐

Deletions

☐

Change

Information to be Added, Deleted, Changed:

Justification: _____

SIGNATURE: _____

Department Head or Authorized Designee

-----**(BOTTOM SECTION FOR COMPTROLLER'S USE)**-----

DATE: _____

UPDATED BY: _____